

**City of Alexandria Homeless Management Information System (HMIS)**  
**Consent to Authorize HMIS Data Sharing with Contributing Organizations (CHOs)**

\_\_\_\_\_ I understand that the homeless prevention and homeless service providers are Contributing HMIS Organizations (CHOs), licensed, trained, authorized and required to enter client data in the City of Alexandria HMIS.

\_\_\_\_\_ I understand that as a recipient of homeless prevention or homeless service assistance and/or services that my information will be entered into HMIS for the purpose of case management, services planning and reporting.

\_\_\_\_\_ I understand that my Basic Identifying Information (i.e., Name, Gender, Social Security Number, Date of Birth, Race, and Ethnicity) will be automatically shared solely among the CHOs for the sole purposes of verifying my record identity and preventing the duplication of my HMIS client record.

\_\_\_\_\_ I understand that my Case Information will be shared only with my written authorization through reading and signing this Consent to Authorize HMIS Data Sharing with Contributing Organizations (CHOs) to help better coordinate my assistance and service provision, expedite referrals for needed services, and assess the benefit of services provided.

\_\_\_\_\_ I understand that that the following confidentiality, security and privacy protections have been put in place to ensure that my information is kept safe and secure:

- CHOs must abide by relevant local, state and/or federal laws protecting client data;
- HMIS users receive confidentiality and privacy protection training and agree to obey rules before using HMIS;
- HMIS policies and procedures establish additional protections for client data including requirements for hardware, software, security, confidentiality, and training;
- Data is entered into HMIS via a secure and encrypted internet connection and stored on a secured server; and
- Any information that could identify me, like my name or birthdate, will be viewed only by other authorized HMIS users, and will be removed from reports before they are issued to agencies that are not authorized HMIS users.

The CHO representative identified below has explained this form to me, and I have read it in its entirety.

I \_\_\_\_\_ understand the contents and, I **DO / DO NOT** give consent  
Client Printed Name Circle One

for the information about me entered into the City of Alexandria Homeless Management Information System (HMIS) to be shared with the Contributing HMIS Organizations (CHOs).

I understand that I may withdraw my consent at any time by written request addressed to the CHO's HMIS Agency Administrator identified on the attached Notice of HMIS Data Entry and Personal Privacy. This consent will otherwise terminate on

\_\_\_\_\_ .  
Date (Not to exceed one year.)

\_\_\_\_\_  
CHO Representative Signature Date

I have explained the significance of this form to the above signatory and witnessed their signature:

\_\_\_\_\_  
CHO Representative Printed Name CHO Representative Signature Date